Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/29/2013	Address:	POPCORN RIDGE NEAR
Incident#:	13JSPC010844		PLUM CREEK
County:	SWITZERLAND		VEVAY, IN 47043
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
(check all that ☐ One Pot or ☐ Red Phosp ☐ Hydrochic ☐ Flammable ☐ Water Rea ☐ Anhydrous ☐ Corrosive ☐ Other (iter	r Birch Reaction(s): ROADSIDE chorous/Iodine Reaction(s): cric Acid Gas Generator(s): ROADSIDE e Solvents: ROADSIDE active Metal (Lithium): ROADSIDE s Ammonia: ROADSIDE Acid: ROADSIDE Base: ROADSIDE n and location):		
Vehicle Infor Owner: VIN: Year;	mation:	Make: Model:	
☐ Yes ⊠ No	age 18 discovered (check appropriate) _ (number present) of present but evidence they reside	unclean Estimated leng occurring:	ions of home: clean disarray gth of time manufacturing had been cormation:
Fire Department Health Department of	as been faxed* or emailed to the follent City, Township or County <u>JEFF-Ci</u> ment County: <u>SWITZERLAND</u> f Child Services Hotline: <u>deshotlinerer</u>	RAIG VFD Fax: 812-42 ports@des.in.gov Fax	Fax: <u>812-427-3111</u> 7 <u>-3246</u> c: 317-234-7595 or 317-234-7596

Phone 812-689-5000

Investigating Officer: BRENT MILLER

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.